

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Green

Registration District No. 318

Township _____

Primary Registration District No. 2001

City Springfield (No. 950 W Honey)

File No. 32806

Registered No. 760

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 950 W Honey Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 24 Nov - 187

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 62 11 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wife

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

13. NAME Stephan C Beck

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MARRIAGE NAME Thelma Foley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

17. INFORMANT (ADDRESS) Walter R. Mumel

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary DATE Nov 27 1933

19. UNDERTAKER (ADDRESS) Walter R. Mumel

20. FILED 11-27-33 Walter R. Mumel Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 30 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 1933, to _____, 1933.

I last saw him dead on 10-30, 1933. Death is said

to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis
arteriosclerosis

Other contributory causes of importance: hypertension

Name of operation _____ Date of _____

What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1933

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Oliver A. Grogan - Coroner

(Address) Springfield, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

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MOTHER FATHER OCCUPATION

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